

Reasons Behind Increase Unclear

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overall suicide rate can be attributed to increases among three gender/age groupings: 10- to 14-year-old girls, 15- to 19-year-old girls, and 15- to 19-year-old boys, Dr. Arias said. "From 2003 to 2004, the suicide rate per 100,000 increased from 0.54% to 0.95% among 10- to 14-year-old girls, from 2.66% to 3.52% among 15- to 19-year-old girls, and from 11.61% to 12.65% among 15- to 19-year-old boys," she said.

Calling the findings "sobering," Dr. Arias stressed that "we don't yet know if this is a short-lived increase or if it is the beginning of a trend." The reasons behind the increase are also unclear, she said, noting that the NVSS data allow for the identification of trends over time, but "[they do] not provide insight into the reasons for changes."

Regarding the observed increases among 10- to 19-year-old girls, "we can speculate about potential reasons for this," Dr. Arias said. "It may be a statistical issue, in that suicide rates were higher among boys to begin with so the increases were smaller, while the girls are catching up."

Additionally, it may be reflective of changes in suicide risk factors for girls, she said.

The analysis also identified changes in suicide methods among girls. Whereas firearms were the most common method used by both boys and girls to attempt suicide in 1990, "in 2004, hanging/suffocation was the most common method among girls,

accounting for 71.4% of the suicides among 10- to 14-year-old girls and for 49% of the suicides among 15- to 19-year-old girls," Dr. Arias said, and noted that between 2003 and 2004, the rate of hanging/suffocation suicides in 10- to 14-year-old girls increased 119%. "Again, we don't know why this is. It's possible that hanging/suffocation is more accessible [than firearms], especially for younger kids."

It is unlikely that the increased hanging/suffocation rates in girls reflect reported increases in deaths caused by adolescents playing "the choking game," in which the oxygen supply to the brain is intentionally restricted to induce a brief "high," because the available evidence suggests such fatalities occur predominantly in boys, Dr. Arias noted.

Although the timing of the observed "1-year uptick" in suicide rates closely coincides with decreases in antidepressant prescriptions to teenagers resulting from Food and Drug Administration advisories, labeling changes, and ultimately the boxed warnings about the use of selective serotonin reuptake inhibitors in teenagers, "we can't reach causal conclusions at this point," said Dr. Thomas Laughren, director of the FDA's division of psychiatry products.

There has been a reversal in both [antidepressant use and suicide] trends, but we have to look at data over time before making any judgments," he said. ■

Antidepressant Warnings May Have Caused Drop in New Rx

BY MARY ANN MOON
Contributing Writer

New prescriptions for antidepressants in children and adolescents dropped by 33% in Tennessee after regulatory agencies issued warnings about increased risks for suicide, according to Dr. Benji T. Kurian and his associates at Vanderbilt University School of Medicine, Nashville, Tenn.

The reduction was even greater for selective serotonin reuptake inhibitors (SSRIs) other than fluoxetine and for selective norepinephrine reuptake inhibitors (SNRIs), which dropped by 54%. However, there was no cutback in already established therapy with antidepressants or other psychotropic drugs, "which suggests that the primary effect of the warnings was to alter the decision to treat newly presenting patient[s]," the researchers said.

Dr. Kurian and his associates used prescription data from TennCare, Tennessee's expanded Medicaid program, to examine prescribing trends during the 24 months preceding the 2003 regulatory warnings about antidepressants in the pediatric population and the 21 months afterward. The mean number of subjects assessed each month was 405,000.

"Previous studies have shown that trends in the pediatric use of antipsychotics in TennCare are very similar to those in the entire United States," they noted.

Before the regulatory warnings were is-

sued, there was a mean of 23 new antidepressant users per 10,000 children and adolescents per month, compared with 15 new users after the warnings were publicized, a decrease of 33%. The reduction in new prescriptions was most pronounced for SSRIs other than fluoxetine and for SNRIs.

In contrast, there was a 60% increase in new prescriptions for fluoxetine, the one SSRI that initially was exempted from the warnings. There was no significant change in new prescriptions for tricyclic and related antidepressants, nor in prescribing patterns for psychostimulants, mood stabilizers, antipsychotics, or benzodiazepines during this interval, the investigators said (*Arch. Ped. Adolesc. Med.* 2007;161:690-6).

"We could not evaluate the clinical and public health consequences" of this change "because we were unable to assess the appropriateness of antidepressant prescribing in this study population," Dr. Kurian and his associates said.

The decrease in new prescriptions may have been beneficial had the affected patients only had "marginal indications" for the drugs. "Conversely, if this group had serious affective disorders, the failure to initiate treatment could have had adverse clinical and developmental consequences," they noted.

"There is an urgent need for better data on the efficacy and safety of antidepressants to guide pediatric practice," Dr. Kurian and his associates said. ■

Preteen Alcohol Use, Suicidal Behavior Linked

BY HEIDI SPLETE
Senior Writer

Adolescents who first drank alcohol before 13 years of age were significantly more likely to exhibit suicidal behavior than their peers who didn't drink alcohol, based on results from the 2005 Youth Risk Behavior Survey of 13,639 U.S. students in grades 9-12.

About a quarter (25%) of the survey respondents reported drinking alcohol when they were younger than 13 years. Adolescents who reported preteen alcohol use were more than twice as likely to attempt suicide and nearly twice as likely to report suicidal thoughts, compared with nondrinking peers, reported Monica H. Swahn, Ph.D., and Robert M. Bossarte, Ph.D., of the Centers for Disease Control and Prevention, Atlanta.

Alcohol use is a known risk factor for suicidal behavior in adolescents, but the researchers sought specific links between suicidal behavior and preteen alcohol use after controlling for multiple factors such as age, gender, race,

history of sadness, history of physical abuse, and history of carrying a weapon, they said (*J. Adolesc. Health* 2007;41:175-81).

Further analysis showed that, among girls, preteen alcohol use initiation was significantly associated with increased risk of suicidal thoughts—but not suicide attempts—relative to first consuming alcohol after age 13. Among boys, preteen alcohol use initiation was significantly associated with an increased risk of both suicidal thoughts and suicide attempts, compared with nondrinking teens, but not when compared with boys who first consumed alcohol at age 13 years or older.

The findings support results from previous studies that link alcohol use to suicidal behavior in teens, but the data differ from previous studies by not supporting gender differences in the increased risk of suicidal behavior in preteen drinkers. Future research should address risk factors, protective factors, and motivation for alcohol use in younger adolescents to develop prevention and intervention plans, Dr. Swahn and Dr. Bossarte said. ■

Adolescent Surveys Broaden Thinking About Bullying

BY SHERRY BOSCHERT
San Francisco Bureau

SAN FRANCISCO — Bullying that was experienced or witnessed by 185 high school students went beyond the more commonly acknowledged forms of bullying to include racial/ethnic harassment, sexual harassment, and homophobic epithets, Sandra Cortina, Ph.D., reported in a poster presentation at the annual meeting of the American Psychological Association.

The high school students' ideas for ways to alleviate bullying indicated that a multisystem approach is needed to increase school monitoring, prosocial peer behavior, and attention to diversity-related bullying, said Dr. Cortina, formerly of the University of Iowa, Iowa City, where the study was based, and now a psychology fellow at Cincinnati Children's Hospital.

During educational presentations on school bullying at two rural Midwestern high schools, the investigators divided students into groups of three or four, gave them a one-page handout on commonly researched forms of bullying, and asked each student to write three to five examples of bullying at their school and two or three suggestions for improving the problem.

Physical and verbal harassment were the most common forms of bullying. Harassment based on race or ethnicity, sex, or sexual orientation were prevalent, Dr. Cortina reported. ■

The students were clear that increased involvement from both peers and staff would be essential to prevent and intervene in bullying.

Recent separate research suggests that some school staff still consider student peer aggression to be developmentally normative, or they fail to recognize specific behaviors as bullying, she noted.

Little previous research has looked at student perceptions of what constitutes bullying.

Among verbal bullying, name calling focused on physical attributes or appearance in 18% of cases, on race or ethnicity 16% of the time, on the students' beliefs (like religion or politics) in 5% of cases, and on their intellect in 5% of incidents. Verbal harassment was described in nonspecific forms in 43% of cases, with 12% involving name calling on miscellaneous topics. (Percentages were rounded.)

Physical bullying was nonsexual in nature 77% of the time and included kicking, hitting, fighting, choking, shoving, tripping, and more. Stealing accounted for 7% of cases of physical bullying, and 16% of cases were physical threats or intimidation.

Sexual harassment was verbal in 55% of cases, physical in 27% of cases, and nonspecific 18% of the time. Social bullying included spreading rumors and gossip (63%), excluding or ignoring people (25%), and public humiliation (8%). ■